

1260

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4627

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

07 OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Gila Bend		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Gila Bend	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) At home		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) General Delivery	
EDENT SONAL ATA 176 4 949	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Grant B. (MIDDLE) Lee C. (LAST) Gaither			4. SEX Male
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			5. COLOR OR RACE White
	7. DATE OF BIRTH MONTH July DAY 25 YEAR 1873		B. AGE YEARS 76 MONTHS 0 DAYS 9	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Barber
	9B. KIND OF BUSINESS OR INDUSTRY Retired		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mo.	11. CITIZEN OF WHAT COUNTRY? U. S. A.
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None	
CAUSE OF DEATH M 18)	14A. FATHER'S NAME Wm. H. Gaither		14B. BIRTHPLACE (STATE OR COUNTRY) Indiana	15A. MOTHER'S MAIDEN NAME Melinda Pruitt
	16. INFORMANT'S SIGNATURE Jack W. Gaither		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Sept 4, 1949	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cancer of Lungs ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
	19A. DATE OF OPERATION 4th Aug. 1949		19B. MAJOR FINDINGS OF OPERATION Cancer of Lungs	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ATH E TO ERNAL LENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN) (COUNTY) (STATE)
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) (SEC) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
ICAL RONER'S ICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 29, 49 TO Sept 4, 49 THAT I LAST SAW THE DECEASED ALIVE ON Sept 4, 1949 AND THAT DEATH OCCURRED AT 50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE Ungel & Jeffery M.D.		23B. ADDRESS Gila Bend, Ariz	
ERAL CTOR ND STRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 9/5/49	
	24C. NAME OF CEMETERY OR CREMATORY Stout Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Gila Bend, Arizona	
25A. DATE REC'D BY LOCAL REG. Sept. 4, 1949		25B. REGISTRAR'S SIGNATURE May C. Jeffery		26. FUNERAL DIRECTOR'S SIGNATURE Paul M. Gauley
		27. EMBALMER'S SIGNATURE Paul M. Gauley		CERT. NO. 264 A